

**CRITERIA FOR PRIOR AUTHORIZATION**

Mekinist® (trametinib)

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Trametinib (Mekinist)

**CRITERIA FOR MEKINIST SINGLE AGENT TREATMENT** Must meet all of the following:

- Patient must have a diagnosis of unresectable or metastatic melanoma
- Patient must have a mutation of BRAF V600E or V600K
- Patient must not have received previous treatment with a BRAF-inhibitor

**LENGTH OF APPROVAL** 12 months

**CRITERIA FOR MEKINIST COMBINATION TREATMENT** Must meet all of the following:

- Patient must have a diagnosis of unresectable or metastatic melanoma
- Patient must have a mutation of BRAF V600E or V600K
- Must be used in combination with dabrafenib

**LENGTH OF APPROVAL** 12 months